| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004   |  |   |  |                                   |   |                     |   | ORD                 | Application of Docket Number |                            |                               |                        |  |
|---|--|---|--|-----------------------------------|---|---------------------|---|---------------------|------------------------------|----------------------------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)  |  |   |  |                                   |   |                     | - | SMALL ENTITY TYPE   |                              | OTHER THAN OR SMALL ENTITY |                               |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   | (CONGIN)   | 11 1)                             | ,   | Column 27           |   | RATE                | FEE                          | 1                          | RATE                          | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |                                   | LARC                                      | LARGE.ENT. = \$ 300 |   | BASIC FEE           |                              | OR                         | BASIC FEE                     | 300                    |  |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                    |                                   | All other situations =<br>\$ 100 / \$ 200 |                     |   | EXAM. FEE           |                              |                            | EXAM. FEE                     | 200                    |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$ 400 |                                   | AB other situations = \$ 250 / \$ 500     |                     |   | SEARCH FEE          |                              |                            | SEARCH FEE                    | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | i -  | us 100 =                          | · /50 = .                                 |                     |   | X \$ 125 =          |                              |                            | X \$ 250 =                    |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /7 mir   | nus 20 =                          | •   |                     |   | X \$ 25 =           |                              | OR                         | X·\$ 50 =                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  |                                   | •   |                     |   | X \$ 100 =          |                              | OR                         | X \$ 200 =                    |                        |  |
| MUL   | TIPLE DEPEN  | DENT CLAIM PRE                            | ESENT  |                                   |   | . 🗆                 |   | +\$ 180 =           |                              | OR                         | + \$ 360 =                    |                        |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2  |  |   |  |                                   |   | lumn 2              |   | TOTAL               |                              | OR                         | TOTAL                         | 900                    |  |
| 1-  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Cotumn 3) |   |  |                                   |   |                     |   | SMALL E             | NTITY                        | OR                         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID     | BER                                       | PRESENT<br>EXTRA    |   | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total ·  | . 17                                      | Minus  | ** (                              | (   | 3                   |   | X \$ 25 =           |                              | OR                         | X \$ 50 =                     |                        |  |
|   | Independent  | • (                                       | Minus ·  | *** [                             | t   | =                   |   | X \$ 100 =          |                              | OR                         | X \$ 200 =                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |  |                                   |   |                     |   | +\$ 180 =           |                              | OR                         | + \$ 360 =                    |                        |  |
|   |  |   |  |                                   |   |                     |   | TOTAL ADDIT.<br>FEE |                              | OR                         | TOTAL ADDIT.<br>FEE           |                        |  |
|   |  | (Column 1)                                |  | (Cofun                            | nn 21                                     | (Column 3)          |   |                     |                              |                            |                               | \.                     |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | · · · · · · · · · · · · · · · · · · ·                                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>FUSLY                       | PRESENT<br>EXTRA    |   | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus  | ••                                |   | =                   |   | X \$ 25 =           |                              | OR                         | X \$ 50 =                     |                        |  |
| AMEN  | Independent  | •   | Minus  | •••                               |   | =                   |   | X \$ 100 =          |                              | OR                         | X \$ 200 =                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT O                   |   |  |                                   | MIAJK                                     |                     | ſ | + \$ 180 =          |                              | OR                         | + \$ 360 =                    |                        |  |
|   |  |   |  |                                   |   |                     | • | TOTAL ADDIT.<br>FEE |                              | OR                         | TOTAL ADDIT.<br>FEE           |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |   |                     |   |                     |                              |                            |                               |                        |  |